Name in Full

Certificate of Death

Rachel Banks

Died at Town: Millington County: Kent MARYLAND

Date 1907 Month: 1 Day: 12 | Age Y. 53 M D. | Native of Va | Occupation

Female | Colored | Single | Widow | Number of children living: 3

Husband / Wife of

Father's Name

Mother's Name 179

Cause of Death: Primary

Immediate: Heart failure | How long sick: 2 days

Accident, Suicide, Homicide

Reported by Family J. L. Smith Undertaker

Address Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. John L. Smith Undertaker

LITERARY BUREAU, 79705

Attended by Dr. Jacobs

of Billington Ind

Seen by Coroner

of

Information obtained in this certific[illegible]

ceived from Frankie or Carter

of

Name in Full: Georgana Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Galena — County: Kent

Date of death 1904: Month: 1 — Day: 28 — Age: Years: 56 — Months: * — Days: **

Sex: Female — Color or Race: col — Birthplace: Maryland.

Married, Single or Widowed: married — Occupation: House work

Name of Wife or Husband:

Father's Name: Perry Bradley 97 — Father's Birthplace: Unknown

Mother's Maiden Name: Harriet Thompson — Mother's Birthplace: Maryland.

Name of person giving information: George Bradley — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma — How long: 1 yr

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature of~~ Physician: George Bradley

Address: Galena Kent-Co Maryland

Accident or Suicide?

LIBRARY BUREAU A66516

John Spencer
Olivet Hill Cemetery,

Name in Full: Lewin Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Edmonston — Town — County: Kent

Date of death 1904 — Month: Jan — Day: 7 — Age — Years: 3 days — Months — Days: 3

Sex: Male — Color or Race: Black — Birthplace: Maryland Edmonston

Occupation: — Where Residing if not at place of death: at place of death

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Lewin Brown — Father's Birthplace: Maryland

Mother's Maiden Name: Tillie Smallwood — Mother's Birthplace: Maryland

Name of person giving Information: Lewin Brown — How related to deceased: Father

1/5-2

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Umbilical Hemorrhage — How long: 12 hours

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. B. Wellem.

Address: Edmonston Kent Co. Maryland

Accident or Suicide?

LIBRARY BUREAU A63316

Name in Full: Mary Florance Burks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Galena; County: Kent

Date of death 1904: Month: 15; Day: 18

Age: Years: ##; Months: ##; Days: 7

Sex: C; Color or Race:

Birthplace: Near Galena

Married, Single or Widowed: Single

Occupation: None

Name of Wife or Husband: Verna Bradley

Father's Name: George Burks

Father's Birthplace: Near Cecilton

Mother's Maiden Name: Verna Bradley

Mother's Birthplace: Near Galena

Name of person giving Information: Verna Bradley,

How related to deceased: Mother,

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Convulsion

How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Spencer undertaker

Address: Galena Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles Henry Carrell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shallcross Wharf, County: Kent,

Date of death 1904: Month: 1, Day: 16

Age: Years: ✕, Months: ✕, Days: 7

Sex: Boy

Color or Race:

Birthplace: Shallcross Wharf,

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or ~~Widowed~~: Single

Occupation: ✕

Name of Wife or Husband: Matilda Hughes

Father's Name: Andrew Carrell 99

Father's Birthplace: Locust Grove

Mother's Maiden Name: Matilda Hughes

Mother's Birthplace: Betterton

Name of person giving In formation: Andrew Carrell

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long: 7 days

Immediate: Hemrage of Lungs

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Father Andrew Carrell

Address: Locust Grove, Maryland.

~~Accident or Suicide?~~

LIBRARY BUREAU A86516

Name in Full: Edward Conaway

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Morton — County: Kent

Date of death 1904 — Month: June — Day: 12 — Age — Years: 19 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Kent Co Md

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benj Conaway — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Hennie Butler — Mother's Birthplace: Kent Co Md

Name of person giving information: Levi Seavary — How related to deceased: Half Brother

70.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sprosmus — How long: one day.

Immediate: Heart failure — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Hessey

Address: Hawesville Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Patrick Englesenshore

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: Kennedyville — County: Kent

Date of death 1904 — Month: Jan. — Day: 17 — Age: Years 75+ — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: — 93.

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Wilhelmina Chesser

How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. Hosteau Kelly

Address: Kennedyville, Md.

Accident or Suicide?

LIBRARY BUREAU A38515

Shrewsbury

Name in Full: Mamie E. Hague

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond; County: Kent

Date of death: Month: Jan; Day: 23; Year: 1904

Age: Years: 31; Months: —; Days: —

Sex: female; Color or Race: White; Birthplace: Md

Occupation: House wife; Where Residing if not at place of death: — —

Married, Single or Widowed: married; Name of Wife or Husband: Charles W. Hague

Father's Name: Thomas Rasin; Father's Birthplace: U.S.

Mother's Maiden Name: Martha E Hood; Mother's Birthplace: U.S.

Name of person giving Information: Thomas Rasin; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long

Immediate: Tuberculosis How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. R. Messick

Address: Still Pond Md

Accident or Suicide?

LIBRARY BUREAU A88618

Still Pond

Name in Full: Wm. Hicks Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chestertown — County: Kent

Date of death 190 4 — Month: Jan — Day: 16 — Age: Years 63 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed: Widower — Occupation: Laborer

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: John Harris — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Several years

Immediate: Exhaustion — How long: Six months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Simpers

Address: Chestertown, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A89518

Name in Full: Mrs Mary A Hance

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesterton | County: Kent.

Date of death 1904: Month: Jany. | Day: 14 | Age: Years: 68. | Months: 4 | Days: 2

Sex: Female | Color or Race: White | Birthplace: Calvt. Co Md.

Married, Single or Widowed: Widow. | Occupation: none.

Name of Wife or Husband: John. Hance

Father's Name: Joseph Norfolk | Father's Birthplace: Calvert Co Md

Mother's Maiden Name: Elizabeth Norfolk | Mother's Birthplace: Calvert Co Md

Name of person giving In formation: Mr. Ed Beck | How related to deceased: daughter Husband

10.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe | How long: 1 Mo.

Immediate: Heart failure | How long: 6 hours

PHYSICIAN OR CORONER

Are the name, age, sax, color, date and place correctly given above? yes.

Signature of Physician: C H Strahan MD

Address: Chestertown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Henrietta Hanson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: Jan; Day: 8

Age: Years: 18; Months: 4; Days: 29

Sex: Female; Color or Race: Colored; Birthplace: Chestertown

Married, Single or Widowed: Single; Occupation: Cook prior to illness

Name of Wife or Husband: Not married

Father's Name: Thomas Hanson; Father's Birthplace: Chestertown

Mother's Maiden Name: Mary E Anderson; Mother's Birthplace: Queen Annes

Name of person giving information: Thomas Hanson; How related to deceased: Father.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold, producing Bronchitis; How long: 4 weeks

Immediate: Endocarditis; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A Benge Simmons

Address: Chestertown Md

Accident or Suicide? No.

LIBRARY BUREAU A88518

Name in Full: Mrs Anna H Hurd

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Worton — County: Kent

Date of death 1904 — Month: Jan — Day: 13 — Age — Years: 45 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Kent Co Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Charles H. Hurd

Father's Name: Dont Know — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Dont Know — Mother's Birthplace: Kent Co Md

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Name of person giving information: Husband C. H Hurd — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 4 days.

Immediate: Pneumonia — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Hessey

Address: Hanesville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88518

Union

Name In Full: Johnson – Infant Child.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brown Town. County: Kent Co.

Date of death 1904: Month: June. Day: 23

Age: Years: — Months: — Days: —

Sex: Female. Color or Race: Black. Birthplace: Brown Town.

Married, Single or Widowed: Single. Occupation: —

Name of Wife or Husband: —

Father's Name: Norbert Johnson Sr. Father's Birthplace: Md.

Mother's Maiden Name: Martha Thomas. Mother's Birthplace: Md.

Name of person giving information: Theodore Ross. How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Born. How long

Immediate: How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Norbert Kelly

Address: Kennedyville, Md.

Accident or Suicide?

LIBRARY BUREAU A93516

Name in Full: Eliza Legg

CERTIFICATE OF DEATH

MARYLAND

Died at: Cliffs (Town) — Kent (County)

Date of death 190 4: Month: Jany — Day: 1

Age: Years: 82 — Months: in Nov. 1903 — Days:

Sex: Female — Color or Race: White — Birthplace:

Married, Single or Widowed: Widowed — Occupation: No occupation

Name of Wife or Husband: Late Maggie Legg.

Father's Name: Elijah Shute — Father's Birthplace: New Jersey

Mother's Maiden Name: Miss Austin — Mother's Birthplace: New Jersey

Name of person giving information: Wm D Shinn — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long: Been weak for a year

Immediate: Endocarditis — How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Bruce Simmons

Address: Chestertown Md.

Accident or Suicide? No

LIBRARY BUREAU A86516

Name in Full: Daisy Marie Lynch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chestertown; County: Kent

Date of death: Month: Jan; Day: 24; Years: Age 4; Months: 2; Days: 18

Sex: Female; Color or Race: White; Birthplace: Queen Anne Co

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: John Lynch; Father's Birthplace: Kent Co

Mother's Maiden Name: Florence Reese; Mother's Birthplace: Del.

Name of person giving information: John Lynch; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis; How long: 4 days

Immediate: Collapse; How long: Several hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H G Simpers

Address: Chestertown

Accident or Suicide? No

LIBRARY BUREAU A88519

Name in Full: George McGuire

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Wilsons ~~Town~~ Point — County: Kent

Date of death 1904: Month: Jan — Day: 20 — Age: Years: 48 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Kent Co., Md.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife ~~or Husband~~: Mamie McGuire

Father's Name: John P. McGuire — Father's Birthplace: 93

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Mamie McGuire — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 3 weeks

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward A. Scott.

Address: Galena. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A6861G

Name in Full: Arthur Rasin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Melelola — County: Kent

Date of death 1904: Month: Jan — Day: 26 — Years: Age about 48 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Kent Co Md

Married, Single or Widowed: Widowed — Occupation: Laborer

Name of Wife or Husband:

Father's Name: Dont Know — Father's Birthplace: Kent Co Md

Mother's Maiden Name: Dont Know — Mother's Birthplace: Kent Co Md

Name of person giving In formation: Clarence Rasin — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Sy Phiilitic Hepatitis — How long: 2 Yrs about 6 Months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John H. Hessey

Address: Hunsville Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Henry Selar

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chestertown — County: Kent

Date of death 190 4 — Month: Jan — Day: 1 — Age: Years 73 Months 8 Days

Sex: Male — Color or Race: White — Birthplace: York Co Pa

Married, Single or Widowed: Married — Occupation: Laborer

Name of Wife or Husband: Henretta Pitts

Father's Name: John Selar — Father's Birthplace:

Mother's Maiden Name: Hannah Burgess — Mother's Birthplace:

Name of person giving information: Mrs Morrison — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of Livers — How long: 9 months

Immediate: Dropsy — How long: several weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. G. Dimpsey

Address: Chestertown, Md

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full: Laverna Sewell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Near Still Pond — (County) Kent

Date of death: Month Jan — Day 23 — 1904

Age: Years 53 — Months — — Days —

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: House Wife — Where Residing if not at place of death: — —

Married, Single or Widowed: Married — Name of Wife or Husband: George Sewell

Father's Name: Perry Chambers — Father's Birthplace: Md

Mother's Maiden Name: Sirgit Bowers — Mother's Birthplace: Md

Name of person giving In formation: Ellen Malley — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis. — How long: 2 years.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. S. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Still Pond

Name in Full: Ignis Spencer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Chestertown (County) Kent

Date of death 1904 — Month 1 — Day 4 — Age 64 Years 11 Months 17 Days

Sex Male — Color or Race White — Birthplace Kent Co Md

Married, Single or Widowed Married — Occupation Retired Farmer

Name of Wife or Husband Catharine Stoples

Father's Name Geo W Spencer — Father's Birthplace Kent Co Md

Mother's Maiden Name Margaret Ringgold — Mother's Birthplace Kent Co Md

Name of person giving information Charlotte Wickes — How related to deceased Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Mitral Disease — How long Some years

Immediate Oedema of Lungs — How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W Frank Haines MD

Address Chestertown Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Eliza Stafford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kennedyville — County: Kent

Date of death 1904 — Month: Jan — Day: 14 — Age: Years 75 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: Kennedyville

Married, Single or Widowed: Widow — Name of Wife or Husband: Prudon Stafford

Father's Name: Not Known — Father's Birthplace: —

Mother's Maiden Name: Not Known — Mother's Birthplace: —

Name of person giving Information: Carroll Stafford — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: one year

Immediate: Exhaustion — How long: one year.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. Irvin Bannick

Address: Kennedyville Md

Accident or Suicide? —

LIBRARY BUREAU A88616

Name in Full: Annie E. Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kennedyville; County: Kent

Date of death: 1904 Month: Jan Day: 7

Age: Years: 74 Months: 5 Days:

Sex: Female

Color or Race: White

Birthplace: Queen Anne Co. Md

Occupation: none

Where Residing if not at place of death: Kennedyville

Married, Single or Widowed: Single

Name or Wife or Husband: —

Father's Name: Dont know

Father's Birthplace: Dont know

Mother's Maiden Name: Dont know

Mother's Birthplace: Dont know

Name of person giving Information: Wm H. Lane

How related to deceased: Nephew.

TO BE ANSWERED BY NEAREST FRIEND

15-4

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility 2 yrs

How long: one year

Immediate: exhaustion

How long: two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edwin Barwick

Address: Kennedyville Md

Accident or Suicide? —

LIBRARY BUREAU A33016

Kennedyville

Name in Full: Ida Athleen Watson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Skinners Neck; County: Kent

Date of death 1904: Month: Jan; Day: 25; Age — Years; Months: 2; Days: 2

Sex: Female; Color or Race: White; Birthplace: Skinners Neck Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Herbert W. Watson; Father's Birthplace: Md

Mother's Maiden Name: Sarah L. Kendall; Mother's Birthplace: Md

Name of person giving information: Herbert W. Watson; How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Not Known. No Dr Attending; How long: 1 Day

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~undertaker~~: Thos H Lasley

Address: Rock Hall

Kent Co. Md.

Accident or Suicide?

LIBRARY BUREAU A8851S

Name in Full: Joseph Wicks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edesville; County: Kent

Date of death 1904: Month: Jany; Day: 1; Years: Age 8-6; Months; Days

Sex: Male; Color or Race: Colored; Birth-Place: Maryland

Married, Single or Widowed: Single; Occupation: Farm Laborer

Name of Wife or Husband:

Father's Name: Perry Wicks; Father's Birthplace: Maryland

Mother's Maiden Name: —not Known— Foby Wicks; Mother's Birthplace:

Name of person giving Information: Mansfield Wicks; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease; How long: 3 or 4 Years

Immediate: Exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D B Williams

Address: Edesville Kent Co. Maryland

Accident or Suicide?

LIBRARY BUREAU A88916